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## \*BIBDATASHEET\*

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Bib Data Sheet

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| SERIAL NUMBER<br>09/978,345 | FILING DATE<br>10/16/2001<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3736 | ATTORNEY DOCKET<br>NO.<br>9500-1 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of PCT/CN00/00097 04/21/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

CHINA 99105671.X 04/21/1999

CHINA 99208086.X 04/21/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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\*\* SMALL ENTITY \*\*

|  |  |                              |                         |                       |                            |
|--|--|------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | STATE OR<br>COUNTRY<br>CHINA | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>32 | INDEPENDENT<br>CLAIMS<br>2 |
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## TITLE

Noninvasive blood pressure measuring method and apparatus

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>496 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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